Disclosure Board 510 E. 12 th , Ste. 1A	THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS			IA FT	Hina	Aun S
Des Moines, Iowa 50319 Fax: 515-281-4073		TIONS, SEE BACK OF FORM RE SUMMARY PAGE		PAICH		
COMMITTEE NAME (Must be	e same as on Statement of	Organization)	7 200	8 OCT 2	4 AF	i 8: 3n
Committe to Elect Stacy D		-		FORM		
I (4) COUNTY CENTRAL COMMITTEE (:	Standing for Retention Candida 5)County Candidate (6)City (for: 5te (2)State PAC (3)State Party candidate (7)School Board or Other Politica nool Board or Other Political Subdivision PAC		DR-2 (Rev. 07/20	107)	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name Stacy D. Newgard	ONLY:	Political Party (if applicable)		Comm. # Logged In Scanned Computer		
Office Sought Sheriff		District (if Senate or House)		Audited		
SIGNATURE OF PERSONAL	NS REPORT	712-330-322 TELEPHONE		10/	23/0 TE SIG	18 NED
CHECK IF AMENDMENT T	ation) report and attach Not	REPORT FOR (1) ELECTION Indicate by IO 1910 S ice of Dissolution Form DR-3.	Local Co	mmittees, en	ter Date	of Election
(You must continue to	o file reports until a DR-3 is	filed.)		ection is held		nter County in
CASH ON HAND at the beginn committee. This amo	ning of the reporting period. Dunt MUST be the same as		\$	106.4	17	
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD	, ,				
Schedule A: Cash C	ontributions total (Attach Sc	hedule A) (*also see in-kind below)		335.0	0	
Schedule F: Loans F	Received total (Attach Schee	Jule F)	*****	0.00		
Schedule H: Total S	ales of Campaign Property	(Attach Schedule H)	••••••	0.00		
(Schedule)	l applies to Candidates' C	ommittees Only) SUB-TOTAL	\$	441.4	17	
	MONEY SPENT THIS PER			290 (1 0	
		e B) (**also see debts and loans below).		380.0	N	
		ledule F)				
CASH ON HAND at the end of	this reporting period (if fina	I report balance must be zero)	\$	61.47		
UNPAID BILLS (From Sched	dule D - Attach Schedule D)	*************************************	\$	1,679	.76	
HE KIND GONTRIBUTIONS (From Schedule E - Attach S	chedule E)	\$	0.00		
"*OUTSTANDING LOANS (FR	om Schedule F - Attach Sch	nedule F)	\$	0.00		
Consultant Breakdown	4 (Schedulo G Alleunes);			೯೭೮	w	<u> </u>
CANDIDATE COMMITTEES (MIY:			ľ		
VALUE OF CAMPAIGN PROF	FRTY (From Schadule 1	Attach Schedule H)	•	Ù.ÛÛ		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year

Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) STA committee to

Newgard

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS				
CHECK THIS BOX IF AMENDING FORM					

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOI FUND- RAISEF INCOMI
	ID#	J.C. ThumMA			
9/19/08	CK#	J.C. ThumMA 15291 430TH STREET LYMPENS, IN SOSSY KAREN: Charles Blitnkenship 312 N 31cl ST LYMPENS, IN SOSSY DON: MINITENE CHIEFENSON	Triewd	3100	<u> </u>
7 7	ID#	KARN Charles Blankenshin		2 100	
9/19/08	ск#	3/2 N 3rd ST	MENTS	1000	
17.1100	ID#	Dan : muchant about 100	Milleral	et Too	
1123108	СК#	16560 N FINER LN GNISH INKE, FA SIBLO	Friend Mrents Porends	12010	
121/00	ID#	4/1817 10 KCE, 414 11300	HIRNIS	10000	
Challad	CK#	Know: Charles BUTNhowship			
<u> </u>	ID#	Louisens, In GOLG	WARRIOTS	4500	
10/15/08	CK#	12 N 3rd ST Limiter's In Cossij 1917 N 3rd St 312 N 3rd St	MARCONTS Brother	22	
11700	ID#	LAUTENS, IA 10564		100 00	·
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL		
		TOTAL (If last page	of this schoolsts	\$	

ood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

p.3

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset	Form
A TO DO NOT THE	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Committe to Elect Stacy D. Newgard

DATE	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	ID#	Comital One Devil II		
07/28/08	CK#1009	Capitol One Bank Usa	Payment for expenses of Sinagae materials,	\$ 195.00
20/04/00	ID#	Target National Bank	Pens, Fliers Bags	
)9/24/08	CK#1010	Minneapolis Minn		185.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#		 	
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 380.00
			TOTAL (if last page of this schedule)	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 88A.402(3)(i).)

Page 1	of	. 1	

FOR INSTRUCTIONS, SEE BACK OF FORM	FOR	INSTRUCTIONS.	SEE BACK OF	EODM
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COMMITTEE NAME (Must be same as on Statement of Organization)
Committe to Elect Stacy D. Newgard

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form	-
AND DESCRIPTION OF THE PERSON	_

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS		
CHECK THIS BOX IF AMENDING FORM			

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an inv

DATE		has be	less of whether an invoice en received.
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/01/08	Staples 700 11th St. Spemcer Iowa 51301 Stacy Newpard. CC Used to pay for	Photo Copies	25.68
10/14/08	Advertising Supply 7630 Cass St. Omaha NE 68114 Stacv newgard CC Used to pay for	Signs, Yard Stakes and Shipping Charges	395.40
05/21/08	Stacy Newgard 1902 13th St. Milford Iowa 51351	Prommotinal Items, Siggns, Pens, Fliers	1,304.47
	TOTAL DEBTS OWED BY COMMITTEE AT		\$ 421.08 \$
lf actual figure is :	\$ 1,725.55		

"If actual figure is unknown, show "estimated" beside the figure.

of 1 (for Schedule D)

CANDIDATE COMMITTEES NOTE:

Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.